

STATE OF CONNECTICUT  
**DEPARTMENT OF CONSUMER PROTECTION**  
 OCCUPATION & PROFESSIONAL LICENSING DIVISION  
 Architectural Licensing Board  
 Telephone: (860) 713-6145



For Official Use Only

## **APPLICATION FOR ARCHITECT'S LICENSE**

### INSTRUCTIONS:

All spaces must be completed - please print in ink or type and have application notarized. When filing this application, it **must be accompanied by a check or money order for the appropriate fee as noted in the accompanying instructions and made payable to: "Treasurer, State of Connecticut".** Applications and accompanying fees that are sent directly to the Connecticut Board should be mailed to *Department of Consumer Protection, License Services, 165 Capitol Avenue, Hartford, CT 06106* **Application fees are non-refundable.**

### Personal information

Applicant's name:	
Business name:	Business telephone (w/ Area Code)
Business address (Street, City, State & Zip)	
Residence address (Street, City, State & Zip)	
Check preferred address for licensing purposes: <b>Business</b> <input type="checkbox"/> <b>Residence</b> <input type="checkbox"/>	Residence telephone (w/ Area Code)
Date of birth:	Social security number:
Have you been convicted of a felony crime? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> If yes, please attached a statement indicting the type(s) of crime(s) for which you were convicted, the date(s) and court(s) where the convictions occurred and a description of the circumstances.	

### Method of licensure

<b>I hereby apply for licensure as an architect by the following method:</b> (Please check the appropriate box below)	
<input type="checkbox"/> <b>By Written Examination</b>	<b>Note:</b> If you are applying for licensure by written examination there are additional requirements of which you should be aware. Please contact the Architectural Licensing Board at <b>Tel: 860-713-6145</b>
<input type="checkbox"/> <b>By Reciprocity with NCARB Certificate</b>	NCARB file number: _____ State of original licensure as an architect: _____ license number: _____
<input type="checkbox"/> <b>By Direct Reciprocity</b>	Has the applicant been licensed as an architect for at least 10 years? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

**PERSONAL AFFIDAVIT**

The undersigned being duly sworn, upon his oath deposes and says that all information contained in this application to the best of his/her knowledge and belief are true and made in good faith.

Signature of Applicant	Signature - Notary Public
Date	Date

Insert passport type photo  
approx. 2-1/2" x 2-1/2" in  
size, showing full front view of  
applicant. Photo should have  
been taken within two years of  
date submitted.